

**Minutes of NHS Shetland Clinical Governance Committee (CGC)
Held on Tuesday 02 September 2025
09:30 – 13:00 via TEAMS**

PRESENT

Mr Joe Higgins - (Chair) & Non Executive Member of the Board	Mrs Kathy Hubbard - Non Executive Member of the Board
Mr Bruce McCulloch - Non-Executive Member of the Board & Chair of Area Partnership Forum (APF),	Colin Campbell - Non Executive Member of the Board

IN ATTENDANCE

Ms Kirsty Brightwell – Medical Director & Joint Executive Lead	Prof Kathleen Carolan – Director of Nursing and Acute Services & Joint Executive Lead
Mr Colin Marsland – Director of Finance	Ms Jo Robinson – Director of Health & Social Care
Mr Brian Chittick – Chief Executive Officer	Ms Edna Mary Watson – Chief Nurse Corporate
Mrs Mary Marsland – Minute Taker & CGC Admin Support	

CONTRIBUTING TO AGENDA

Mr Lawrence Green – Health & Safety Lead (<i>Agenda Items 14 & 15</i>)	Ms Nova James - Urgent Unscheduled Care Lead (<i>Agenda Item 16</i>)
Ms Carolyn Hand – Corporate Services Manager & Katherine Cripps, Feedback & Complaints Officer (<i>Agenda Item 18</i>)	Ms Melanie Hawkins - Health Improvement Team Leader (<i>Agenda Item 28</i>)

1. Welcome and Apologies

The Chair opened the meeting stating the committees' primary objectives is to gather evidence and ensure strong, effective clinical governance throughout the organisation. Thanks were conveyed to Christina McDavit who led the recent development session on the Leo Project, and to all those in attendance. The session was regarded as effective, with consideration for holding a similar session in future.

Apologies were received from Susan Laidlaw, Director of Public Health, Ms Michelle

Hankin, Clinical Governance & Risk Team Leader and Antony McDavitt, Director of Pharmacy and Interim Depute Chief Officer

The committee were notified Lincoln Carroll had officially stepped down as a non-exec Member of this committee. With at least three non-execs required, including the Chair, the committee remains quorate but with a reduced margin. The absence of an Area Clinical Forum (ACF) Chair was also noted.

2. **Declaration(s) of Interest**

There was no declarations of interest raised.

3. **Approval of the CGC 11th March 2025 Minutes**

The Chair confirmed the minutes were mainly prepared with Copilot; the committee administrator was thanked for consolidating the information and asked to briefly outline the process for members.

Mary Marsland explained that the different systems posed challenges, but the approach generally made the process easier. She noted it still required effort, particularly for standard bullet-point items, though efficiency is expected to improve.

Edna Mary Watson noted that a few items needed amended and will contact Mary M to give updates.

4. **Matters arising from the minutes**

There were no matters arising.

5. **Review of Action Tracker**

The outstanding open actions from the previous meeting were reviewed and discussed:

- **Agree a subject matter for the next Development.**

Open

- **The current situation re the Independent Market Street Dental Practice:**

Brian Chittick informed the committee meetings had been held with the Practice owners and that overall, progress is being made.

An external dental inspection has been completed, and a provisional practice certificate issued. The inspection highlighted some issues which remain to be resolved however these have been identified, and strategies are underway to address them.

Jo Robinson noted the importance of having strong professional relationships in support of clinical governance and that restoring working relationships is key for stable services going forwards.

It was recommended to keep this as an open item so the committee can monitor its progress.

Open

- **The Chair to meet with the Elective Leads to agree an approach about CGC and Service Redesigns initiatives and update the committee at its September meeting:**

It was confirmed a meeting was held and a plan established. Key projects in development, will be invited to present to the committee and will focus on how their governance supports this committee's strategic objectives, especially clinical care strategy. Nova James has been invited to present the Hospital at Home project as a good working example at this time.

While the plan may undergo further development, it is deemed complete at this stage; consequently, the item can be formally closed.

Closed

- **Clarity required on the outputs of the short life working group in relation to Raising Concerns:**

Ms Watson noted in terms of the short life working group, the next meeting, which is anticipated to be the final meeting, is scheduled for 18th September.

Draft templates intended to support investigations will be reviewed. Whilst these are fit for raising concerns in terms of HR type processes, they are not designed to cope with the additional requirements of Whistleblowing standards and will require to be further amended for this purpose.

The organisation is working to increase the number of staff trained to conduct investigations, including grievance and whistleblowing cases with a comprehensive piece of work being undertaken to look at training requirements.

Closed

- CGC to receive an update on the Winter Planning Review at its December 2025 meeting.

This will be undertaken at the December meeting

Open

- The Chair requested a specific session on lessons learned and implemented via adverse events at the December meeting to identify themes and gain assurance of implementation.

This will be undertaken at the December meeting

Open

6. **Operational Clinical Governance Group (OCGG) 05th August 2025 Decision Note**

Ms Watson noted there had been productive discussions within the meeting. Key topics included:

- Community Mental Health team and relating data
- Clinical Governance team staffing position, noting a gap within the risk post
- Neonatal and Paediatric training requirements across disciplines

- A presentation from Nova James about the Hospital at Home project
- ADHD referral pathways and the capacity challenges faced by the service
- A presentation led by Jane Thompson on the complex care in North of Scotland CAMHS intensive home treatment programme.
- Flashcard reports from the ADTC, Medical Governance Group and GP Cluster
- Clinical Governance Walkrounds
- Dental Services where there is a detailed risk in development
- Cardiac Physiology, highlighting support and supervision needs within a small team service and the risks involved.
- Clinical Governance Best Practice Standards which are out for consultation, closing 2nd September'25.

The Chair thanked Ms Watson for her report, noting the wide variety of topics being addressed.

The committee agreed to a Comprehensive Level of Assurance

7. Joint Governance Group (JGG) 19th August 2025

Ms Watson noted there had been productive discussions within the meeting. Key topics included:

- Neurodevelopmental pathways. A short-life working group has been established to develop both ADHD and ASD pathways, with an update expected in November.
- There were two QI Spotlights; - Sharon Henderson, Intermediate Care Team Leader presented on redefining the key worker role, and Michaela Johnson, District Nurse who spoke about barriers in Community Nurse Education.
- New National Adverse Event Framework published in February. A new local framework is currently being drafted.
- An SBAR on archive scanning was considered, noting challenges with current scanners at Gilbert Bain and the QA process.
- Routine quarterly reports included Adverse Events, Clinical Effectiveness and Walkrounds.
- There was positive progress to note on HEPMA/IDL in that the Executive Management Team (EMT) supported implementation of core discharge documentation to address some of the IDL challenges with support from NHS Grampian.

Antony Visocchi updated the JGG on the development of a Dental Directorate risk and was asked to submit a draft risk assessment with mitigation measures for review at the JGG November meeting.

The committee agreed to a Comprehensive Level of Assurance

8. Draft Medical Directors 2024 – 2025 Annual Report including Director of Medical Education (DME), Realistic Medicine, Duty of Candour and Child Death Reviews

Kirsty Brightwell noted Appraisal and Revalidation remain largely unchanged. Collaboration with the Appraisal Lead in Grampian continues to work well. The Memorandum of Understanding with Grampian is currently under review as this has become outdated.

Recruitment for the Associate Medical Director (AMD) for Primary Care has been successful, and appreciation was expressed to Jo Robinson and her team for their hard work. Additionally, Primary Care has experienced positive results in recruiting for GP positions.

The organisation is seeing progress in appointments to an increase in Clinical Lead positions. Interviews are taking place for the Clinical Lead for Obstetrics and Gynaecology.

The Director of Medical Education continues to provide high quality report, with support from Sam Adamson.

Duty of Candour reported two cases over the year. The quality reports show how comprehensively this area is monitored, scanning for cases through complaints and other processes.

Regarding the child death review process, there has been one child death within the year. The investigation is yet to be completed, and it is understood this is to commence this month, led by SIC with input from NHS representatives.

Detailed discussions were held around aspects from within the report and the Chair acknowledged the report was provided for assurance and awareness.

9. **Draft Director of Pharmacy 2024 – 2025 Annual Report**

It was noted the report was incorporated within the 2023-2024 Annual Report which was presented to this committee at its March meeting.

10. **Draft 2024 – 2025 Annual Feedback and Complaints Report**

It was noted this report was unavailable and will be presented to the committee at its December meeting.

11. **Draft Hospital Transfusion Committee 2024 – 2025 Annual Report**

Prof Carolan updated that the report contains both the annual report from The Scottish National Blood Transfusion Service (SNBTS) on NHS Shetland and the key issues and actions of the HTC over this year.

The report details the large amount of work and progress made over the year in support of the governance of hospital transfusion activities in Shetland, including participation in a number of audits. The committee were reassured there had focus on results and swift remedial actions when needed.

Within this calendar year, Kevin Tosetto took up the Transfusion Lead role and along with Alex Sharp jointly undertook work to enhance the hospital transfusion governance across the team, noting the risks presented from operating within a small team. A range of positive outcomes have been delivered including taking forward recommendations from the infected blood inquiry locally.

It was noted the report provides an overview of actions completed within 2024-25 and the actions to be progressed within 2025-26.

Members scrutinised the report and acknowledged the report was provided for assurance and awareness but specifically, approved the enclosed action plan.

The committee approved the action plan

12. Mid-Year Review of CGC Annual Workplan 2025-26

Ms Watson noted this was the second quarterly report of progress with ongoing activities included within the workplan.

The Chair noted the quarterly updates are very positive and show good progress and that in addition, as the organisation changes, it is imperative that the governance keeps pace with these changes. Given this, this Annual Workplan is always open to change. Members were invited to notify the Chair or Executive Leads of the committee if they felt there are any essential elements absent from the committee's current activities which should be included for future meetings.

The committee agreed to a Moderate Level of Assurance

13. The agenda was miss numbered, therefore there was no item 13.

14/15 Draft Prevention of Injury by Sharp Instruments & Use of Safety Devices Policy and Draft Physical Intervention Policy

Lawrence Green informed the committee both policies had already been through all required the governance committees prior to presentation to CGC.

The policies have been subject to minor changes, particularly around changing the narrative from Datix to Adverse Event Reporting System, as the Datix system may change in the future. Everything else within the policy remains the same

Kathy Hubbard acknowledge the interesting and very useful policies.

Prof Carolan asked reference to the Director of Nursing be removed and replaced with the Healthcare Associated Infections (HAI) Executive Lead as that was the correct area of responsibility.

Jo Robinson noted the current version of the Sharp Instruments Policy reads as though it only relates to NHS staff and settings, but that Health & Social Care staff also encounter situations that should be appropriately referenced in this Policy. So as not to delay approval, it was requested this point be considered in a future revision of this Policy.

Pending consideration as this future provision, the Committee formally approved both Policies in their current form.

16. Service re-design requirements for CGC – Hospital at Home

The Chair noted the CGC Terms of Reference require the committee to ensure service designs are effective, prioritising quality and safety. However, there is currently no clear process for providing such assurance to the CGC.

It was felt it would be useful to invite a key project member to explain how governance processes have worked in the organisation, and how they have impacted required outcomes.

Nova James was therefore invited to discuss Hospital at Home and how current, local governance of that project has helped deliver the required project outcomes.

Nova James shared a brief presentation, providing the committee with the business case, which offered a comprehensive overview of the objectives of the project and the key governance challenges faced, actions taken to overcome these and recommendations for governance improvements.

Colin Campbell commended Nova on an impressive project with a well-reasoned business case and governance recommendations.

Ms James was thanked for her update, valuable insights and input which has aided this committee's understanding of the challenges encountered. It was noted the goal remains to make processes clearer and more efficient for all involved.

17. Whistleblowing Cases (Stage2) Governance of Clinical Action Plans and Lessons Learnt - Update on progress against the Action Plan

The Chair reminded the committee that all remedial plans following Whistleblowing investigations are submitted to the CGC for assurance.

It was noted the report is a follow up to keep the committee updated on the sixty-four actions within the Mental Health action plan.

Good steady progress is being made with many actions now embedded as business as usual practice. In particular, priority actions are progressing further forward and are on track for delivery of are already complete.

Four actions were previously considered at risk, however this has been reduced three due to access to vehicles for mental health being resolved.

Of the remaining twenty-eight actions, twenty-two are on track, three have yet to be started, and two require further discussion.

It was highlighted the Substance Misuse Recovery Service (SMRS) Team Leader had stepped into a different role; therefore this position is out for advert. Recruitment has caused minor setbacks, but progress will continue.

Alongside closing the actions in this plan, it was noted that the positive results from the most recent iMatter survey and positive feedback received from a recent Mental Welfare Commission visit demonstrate an overall sense of improvement across the Mental Health Service.

Chair suggested putting this action plan forward for review by Internal Audit as part of the 2026-27 IA Plan. It was agreed to revisit this at the next update to determine if it would be beneficial.

The committee noted the update.

18. **NHS Complaints & Feedback Monitoring Report Q1 01st April – 30th June 2025**

Carolyn Hand informed the committee quarter one report shows a slight decrease in the number of contacts compared to quarter four. However, when preparing the 24/25 Annual Report, an overall increase of 19% for contacts and 18% for complaints was noted, reflecting a national trend seen across Scotland.

It was reported investigation times remain challenging, with only 12% of Stage Two cases completed within 20 working day deadline.

Investigation Training has received approval from EMT. This initiative is expected to expand the group of individuals who possesses the confidence and capability to conduct comprehensive investigations, thereby improving resilience and taking some pressure out of the system.

Apologies were conveyed to the committee for the lack of the 24/25 Annual Report.

The Annual Report will be circulated to the committee at its December meeting.

The Chair stated that the evidence presents that complaints are being handled thoroughly to get a fair outcome, albeit there is still a fragility overall across the system.

The committee agreed to a Moderate Level of Assurance

19. **Leadership Walkrounds Q1 01st April – 30th June 2025**

Two visits were conducted within the quarter in Mental Health and Estates.

Ms Watson noted Mental Health had a visit conducted back in January 2022. This latest visit highlighted significant changes in work practices, showing just how much the service had developed within that period. These changes were highlighted to the committee, along with the busiest parts of the service.

Ms Robinson added following discussions it had been decided the learning disability nurse will join the mental health team moving forward. Additionally, a Band 6 Learning Disability Nurse has been successfully recruited.

It was observed the Estates home location was difficult to locate, with the team itself feeling rather detached physically from the rest of the organisation, however did recognise the benefit of having a team base.

It was noted there are seventeen skilled staff, covering a broad range of work disciplines. The team highlighted a range of challenges it faces, along with positive projects they had undertaken. The take home message from the visit was the 'can do' attitude and drive to make things happen.

It was noted the Walls Health Centre visit is in the process of being rescheduled.

Future visits to other areas are scheduled.

Ms Hubbard stated she had attended both visits, reiterating their importance, which is invaluable as a non-executive director. She previously questioned whether teams might feel as though they were being scrutinised, however, now recognises it is a genuine exchange of information, support and shared values.

The committee agreed the walk rounds are hugely valuable and insightful.

The committee agreed to a Comprehensive Level of Assurance

20. Quality Score Card incorporating the QMPLE Report

Ms Watson noted this was the regular report. The score card shows eight red, two amber, and nineteen green measures. Key points include:

- Alcohol brief interventions numbers
- Patient experience outcome measures
- Patient safety programme – no still births or neonatal deaths
- No reportable Cardiac arrests
- A reduction of falls within quarter one compared to the previous quarter
- Two hospital acquired pressure ulcers
- DVT audit continues
- Excellence in care – data collection recommenced in quarter one
- Thematic learning - slight increase in the number of reported adverse events
- Positive inpatient experience survey results
- Student Feedback mostly positive

The Chair noted the comprehensive set of data within the report, which gives the committee good assurance across the broad spectrum of data types.

The committee agreed to a Comprehensive Level of Assurance

21. Quality Update Report - Health Services delivered under the Partnership

The Chair noted this has been a topic within the agenda for some time and requires the gathering of a dataset to help the committee better understand the quality metrics and results of the health services delivered under the IJB directions.

It was observed that the documents provided, appear to be primarily designed for an IJB audience, and are not focused on quality metrics.

Discussion focussed around the right kind of data to bring forward to future CGC meetings.

Ms Robinson told the committee that many indicators have been identified for measurement, but the challenge lies in extracting the necessary data from existing systems, and that the data gap in Primary Care, Community Care, and Community Health was recognised both locally and nationally.

The Chair asked that a group convene to determine an appropriate dataset to bring to future CGC meetings. Ms Robinson advised she would be happy to work with Ms Watson, Pam Shead, the Information Service and Antony McDavitt to take this forward.

ACTION JR/EMW

22. Clinical Effectiveness Quarterly Report as shared with Joint Governance Group (JGG) Q1 01st April – 30th June 2025

Ms Watson noted the report which outlines a range of clinical governance activities across the organisation conducted by the Clinical Governance Team.

The committee were updated on the following key highlights from the quarter:

- Audit and Service Improvement Grid (ASIG)
- Increase in the number of quality improvement projects/new developments
- Quality Improvement Update – Resident Doctors
- Service Feedback
- Guidance and learning bulletin
- Clinical governance afternoons
- Multi-disciplinary governance meetings
- Scottish National Audit Programme (SNAP)
- Scottish Stroke Care Audit (SSCA)
- Scottish Hip Fracture Audit (SHFA):
- Scottish Patient Safety Programme (SPSP) acute collaboration
- Research Governance activity
- Adverse event and risk management training
- Corporate and Residential Doctor Inductions
- Delivery of debrief training for mental health services

Ms Hubbard expressed disappointment over a number of the cancelled clinical governance afternoons, but acknowledged the challenges posed by clinical pressures.

Ms Watson recognised that this presents a challenge, however, in accordance with the Healthcare Staffing Act, it is essential there is awareness of how often scheduled learning opportunities require to be paused.

The committee agreed to a Comprehensive Level of Assurance

23. Whistleblowing Quarterly Report Q1 01st April – 30th June 2025

Ms Watson informed the committee there had been one new case raised under the formal stages of the Whistleblowing Standards within quarter one. This was initially progressed as a stage one whistleblowing case but has subsequently been taken forward as a stage two concern and a response provided to the individual.

Additionally, there has been one inquiry received via the Whistleblowing Inbox.

Although this does not constitute as a Whistleblowing case and is Human Resources (HR) in nature, the individual is being assisted by the confidential contacts, who offer support on a variety of matters.

It was noted that in August 2024, formal notification was received from the Independent National Whistleblowing Officer (INWO) of a complaint raised with them regarding NHS Shetland's handling of a whistleblowing case. NHS Shetland has provided all necessary information to INWO but no response received until now. As such two recommended actions from INWO on a previous whistleblowing case require to be closed out and are being discussed by the Whistleblowing Steering Group.

Further highlights from the report focussed around:

- Shortlife working Group outputs
- Speak up Week plans
- Expression of interest around Confidential Contacts
- iMatter results

- TURAS Training Modules
- Whistleblowing Induction sessions

The Chair observed the wide range of topics covered and further noted that moderate assurance is being proposed due to the absence of documented protocols being rolled out at this stage.

The committee participated in extensive and engaging discussions on this subject. The Chair informed the committee that a new Head of INWO has been appointed and also a new Scottish Patient Safety Commissioner.

The committee agreed to a Moderate Level of Assurance

24. Health and Care Staffing Programme

The committee received an update from Ms Watson, and the following points were noted:

- Health Roster rollout progress
- Safe Care rollout progress
- Continued delivery of the required quarterly and annual reporting
- Agency spend levels
- HIS monitoring
- Instituted the Allocate Group meeting

The Chair observed good progress is being achieved across the board, with efforts to maximise consistency across all the different clinical areas of use of the tools, with Safe Care identified as the strategic tool.

It was agreed to keep this on the CGC agenda for the immediate future.

The committee agreed to a Moderate Level of Assurance

25. Adverse Event Report Q1 01st April – 30th June 2025

Ms Watson informed the committee a useful one-page summary of adverse events had been created and is contained within the Pack.

It was noted that within the last quarter there had been 211 adverse events reported, and 177 closed, helped by the active management of the Clinical Governance Team in supporting individuals to do so.

The top five reporting categories were:

- Slip, Trips and Falls
- Medications
- Communications
- Confidentiality matters
- Pressure Ulcers

It was noted there had been one Duty of Candour applied within the quarter, no child deaths, no RIDDORS and the three CRAT cases have been reviewed at the weekly morning CRAT meetings.

It was noted the report contains additional details on thematic analysis and updates about ongoing national developments.

The committee were made aware the new national framework on adverse events is being incorporated into a local policy and will be discussed further at a meeting scheduled for 29th October.

The committee agreed to a Comprehensive Level of Assurance

26. CGC Aligned Strategic Risk Report

Ms Watson informed the committee there was very little movement around risk positions over Q1.

There are a number of risks currently under review. Discussions regarding the risks associated with Estates have taken place where it was agreed to separate these out into three distinct categories, these will be:

- SR14 Estates – will be reviewed to ensure that the title of this risk is reflective of the focus of the risk
- Structural Integrity of the Gilbert Bain Hospital (GBH) – a new draft risk reflecting the concerns with regards to the GBH structural issues
- Ageing Estate Risk – a new risk will be developed to highlight the ageing conditions of NHS Shetland buildings and the lack of available Capital investment to make significant improvements

Risk SR09 requires revision as it is no longer accurately represents the current state of service, which is also facing staffing challenges. There will be an interim period during which business continuity measures will be implemented until suitable staffing is in place.

The Chair indicated that, to his knowledge, a new organisational approach to risk management was being discussed with a view to rolling that out and updates to this Committee would fall into line with that new approach.

The committee agreed to a Moderate Level of Assurance

27. Approval of the Approved Medical Practitioners (AMP) List Mental Health Act

Ms Brightwell noted this is a quarterly board request for a safety review to ensure staff are meeting the requirements for the Mental Health Act.

The committee agreed a Comprehensive Level of Assurance

28. Population Screening Q1 01st April – 30th June 2025 Report

Melanie Hawkins presented the report in the absence of Susan Laidlaw.

Ms Hawkins gave a brief update on the following six national programmes, noting key issues:

- Abdominal Aortic Aneurysm Screening Programme
- Bowel Cancer Screening Programme
- Breast Screening Programme

- Cervical Screening Programme
- Diabetic Retinopathy Screening Programme
- Pregnancy and Newborn Screening Programme

There is a focus on improving the reporting of locally delivered programmes, as it was thought this is an area previously lacking. There is a national expectation to implement a more thorough set of audits, particularly within the cervical screening programme, with work ongoing to make this routine practice.

It was noted there was one local incident within the last quarter involving out of date vials used for cervical smear tests and is currently under review through the Datix reporting system.

Dr Karandeep Nandra the new Public Health Consultant in medicine, will lead some screening efforts, connect with national programmes, and oversee audits and adverse events.

There are two departmental risks relating to cervical screening. One around the smear taker training and who could access it, and the other around the call recall process. Both have a number of controls in place, however, are still sitting at a medium risk, due to the potential consequences rather than the likelihood of anything happening. These are regularly monitored through the cervical screening governance group and review the adequacy of the controls where necessary.

National media resource is being used to promote screening awareness days/weeks, and whilst local media are very supportive in publicising events and services, we also engage with people directly at local shows, providing information about screening eligibility.

The Chair thanked Ms Hawkins for her detailed update, observing that it reassures the committee regarding the effectiveness of local reporting and demonstrates proactivity in driving up participation rates and seeking to improve the whole gambit of processes.

The committee agreed a Moderate Level of Assurance

29. Control of Infection Committee Q1 01st April – 30th June 2025 Update Report

There was no report submitted therefore, this item would be held over to the December meeting.

30. Dental Update

This item was previously addressed earlier within the agenda.

31. Topic of Emerging Concern

There were no topics of emerging concerns raised

32. New Clinical Governance Standards Consultation

Ms Watson informed the committee there is a new set of Clinical Governance best practice standards being developed by Healthcare Improvement Scotland (HIS) which

have been widely circulated for consultation. HIS have held several national focus groups and we have participated locally in discussing these for views.

The standards cover seven key areas, these are:

- Staffing & Staff Management
- Clinical Audit & Quality Improvement
- Clinical Effectiveness
- Risk Management Safety
- Education and Training
- Service User & Patient Involvement
- Data & Information

There is a wide national consensus that the current standards are somewhat outdated and require modernisation.

It has been suggested via consultation that the primary focus of the new Standards should be on quality management systems - specifically the systems and processes organisations have in place to ensure data quality, service standards, and appropriate actions taken when areas of concern are identified.

Concerns have also been raised around data standards, which currently prioritise confidentiality and restrict inappropriate sharing; some felt this approach does not reflect the need for improved information access in the current digital environment. The overall view supported improved information sharing rather than restriction.

Additionally, it was noted that the risk management section may be insufficient.

Ms Watson encouraged the committee to look at the standards and forward any feedback to her by this coming Thursday, alternatively she would be happy to have a conversation and talk through the detail if preferred.

Ms Watson confirmed an organisational submission would be sent by the end of the week.

It was further noted on a national level; a number of focus groups have asked around a dedicated self-assessment to accompany the framework. Other boards reported they had already attempted this, so HIS may consider adopting that.

It is the intent that the new Standards will be finalised and published from March'26.

The Chair reminded the committee to forward any comments onto Ms Watson.

33. For Awareness - Safe Delivery of Care HIS Inspection Programme

The Chair noted this item was for awareness only following a letter received from HIS in relation to safe delivery of care inspection programme.

Prof Carolan informed the Committee that this programme directly affects the NHS Shetland Board and includes unannounced inspections, which NHS Shetland has not yet received but should expect to take place.

HIS aims to streamline Board inspection visits to make the process more efficient for all involved. The intention is that HIS will roll out a programme of combined visits where it is appropriate to do so eg, there could be a combination of mental health and maternity inspections, depending on the composition of the health board being visited.

It was noted that there was a combined inspection last week at Forth Valley where HIS inspected both maternity and mental health units at the same time with two teams in the organisation, in the same week.

The programme is expected to adapt based on insights from joint inspections and will become HIS's future methodological approach, as outlined in the letter.

A brief discussion ensued around HIS having the resource to undertake joint inspections and the impact it is/will have on smaller Boards as well as the larger ones. The Chair thanked Prof Carolan for her update.

34. Next scheduled Development Session – 04th November 2025 (Topic TBC)

It was noted the next session is planned for 04th November

35. Date of Next Meeting

It was noted the next scheduled meeting is 09th December 2025 via TEAMS.

Members were thanked for their participation and report contributions at yet another productive meeting.